

Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	acrobat distiller
Run by	OPS\$PCUMMING
Report Date	03-FEB-05 02:56

Crosswalk Report

Status : FN Substance Abuse and Mental Health Services Administration
Media ID : TCADA - tx Office of Applied Studie
Start Date : 01-JAN-90
End Date :
Follow-up :

Texas' Treatment Episode Data Set
Version : 1

K = Key Field		System	<i>Texas</i>
Item		Item	
No.	Treatment Episode Data Set	Value	State System Data
1	System Transaction Type	-	Transaction Type Added to Each Record
K 2	State Code	TX	FIPS Code Added to Each Record
3	Reporting Date	-	Month and Year of Submission Added to Each Record

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Texas' Treatment Episode Data Set
Version : 1

K = Key Field		Minimum		<u>Texas</u>	
Item		Item			
No.	Treatment Episode Data Set		Value	State System Data	
K 1	Provider Identifier	01	Clinic Identifier		
K 2	Client Identifier (Admission)	03	Client Number		
K 3	Co-Dependent/Collateral	-	Co-Dependent/Collateral Data Not Collected		
	2 No		2 No		
K 4	Client Transaction Type	-	-		
K 5	Date of Admission	04	Date of Admission to Clinic		
6	Number of Prior Treatment Episodes	20	Number of Prior Treatments to Any Substance Abuse Program		
	0 0		00 None		
	1 1		1 1		
	2 2		2 2		
	3 3		3 3		
	4 4		4 4		
	5 Or More		5 5-95		
	5 Or More		5 96		
	5 Or More		5 97		
	5 Or More		5 98		
	5 Or More		5 99		
	7 Unknown		7 Unknown		
	8 Not Collected		8 Not Collected		

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Item	Item	Value	State System Data
No.	Treatment Episode Data Set		
7	Principal Source of Referral	12	Source of Referral
01	Individual (includes self-referral))	01	Self Referral
01	Individual (includes self-referral))	05	Family/Friend
05	Employer/EAP	06	Employer
04	School (Educational)	07	School
07	Court/Criminal Justice/DUI/DWI	09	TASC
03	Other Health Care Provider	32	Physician
02	Alcohol/Drug Abuse Provider	33	Council on Alcohol and Drug Abuse
05	Employer/EAP	34	EAP
06	Other Community Referral	37	Clergy
06	Other Community Referral	38	Texas Rehabilitation Commission (TRC)
07	Court/Criminal Justice/DUI/DWI	39	Court Commitment
06	Other Community Referral	40	Texas Department of Human Services (DPW,DHR)
02	Alcohol/Drug Abuse Provider	50	State Hospital Outreach Program
06	Other Community Referral	51	AA, NA, Alanon, Alateen, Peer Support
02	Alcohol/Drug Abuse Provider	52	Community MHMR Center
02	Alcohol/Drug Abuse Provider	53	Other Non-Residential Program
02	Alcohol/Drug Abuse Provider	60	State Hospital
03	Other Health Care Provider	61	Other Hospital
02	Alcohol/Drug Abuse Provider	62	Halfway House - Intermediate Care
02	Alcohol/Drug Abuse Provider	63	Long Term Care
02	Alcohol/Drug Abuse Provider	64	Non-Hospital Detox Facility
02	Alcohol/Drug Abuse Provider	65	Other Residential Program
07	Court/Criminal Justice/DUI/DWI	70	Police
07	Court/Criminal Justice/DUI/DWI	71	Probation (Non-DWI)
07	Court/Criminal Justice/DUI/DWI	72	Probation (DWI)
07	Court/Criminal Justice/DUI/DWI	73	Parole
07	Court/Criminal Justice/DUI/DWI	74	Other Law Enforcement
01	Individual (includes self-referral))	80	Other Individual
06	Other Community Referral	81	Other Community
8	Date of Birth	10	Date of Birth

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Texas' Treatment Episode Data Set
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Item No.	Treatment Episode Data Set	Item	Value	State System Data
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9	Sex	09	Sex
1	Male	1	Male
2	Female	2	Female

10	Race	11	Race/Ethnic Background
05	White	01	White
04	Black or African American	02	Black (Not of Hispanic Origin)
02	American Indian (Other than Alaskan Native)	03	American Indian
03	Asian or Pacific Islander	05	Asian or Pacific Islander
20	Other	06	Hispanic Mexican
20	Other	09	Other Hispanic
13	Asian		
23	Native Hawaiians or Other Pacific Islanders		

No longer effective as of: 06-30-2004

10	Race	11	Race/Ethnic Background
05	White	01	White
04	Black or African American	02	Black
02	American Indian (Other than Alaskan Native)	03	American Indian
01	Alaska Native (Aleut, Eskimo, Indian)	04	Native Alaskan
97	Unknown	06	Hispanic Mexican
97	Unknown	07	Hispanic Puerto Rican
97	Unknown	08	Hispanic Cuban
97	Unknown	09	Other Hispanic
13	Asian	13	Asian
23	Native Hawaiians or Other Pacific Islanders	23	Native Hawaiian/Pacific Islander

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Item

Item

No. Treatment Episode Data Set

Value

State System Data

11 Ethnicity

05 Not of Hispanic Origin
05 Not of Hispanic Origin
05 Not of Hispanic Origin
05 Not of Hispanic Origin
02 Mexican
04 Other Specific Hispanic

11 Race/Ethnic Background

01 White (Not of Hispanic Origin)
02 Black (Not of Hispanic Origin)
03 American Indian
05 Asian or Pacific Islander
06 Hispanic Mexican
09 Other Hispanic

No longer effective as of: 06-30-2004

11 Ethnicity

05 Not of Hispanic Origin
05 Not of Hispanic Origin
05 Not of Hispanic Origin
05 Not of Hispanic Origin
02 Mexican
01 Puerto Rican
03 Cuban
04 Other Specific Hispanic
05 Not of Hispanic Origin
05 Not of Hispanic Origin

11 Race/Ethnic Background

01 White
02 Black
03 American Indian
04 Native Alaskan
06 Hispanic Mexican
07 Hispanic Puerto Rican
08 Hispanic Cuban
09 Other Hispanic
13 Asian
23 Native Hawaiian/Pacific Islander

12 Education

01- Years of School(Highest Grade) (
25 General Equivalency Degree, use
12)
00 Less Than One Grade Completed

17 Highest School Grade Completed

00-20 00-20
00-20 00-20

13 Employment Status

03 Unemployed
02 Part Time
01 Full Time

15 Employment Status

2 Unemployed
3 Part Time (Less than 35 hrs/week)
4 Full Time (35 or more hrs/week)

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Texas' Treatment Episode Data Set
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Item		Item	
No.	Treatment Episode Data Set	Value	State System Data
14	Substance Problem Codes (Primary-14A,Secondary-14B, Tertiart-14C)	23	Substance Types, Primary, Secondary, Tertiary
01	None	00	None
05	Heroin	01	Heroin
06	Non-Prescription Methadone	02	Non-Rx Methadone
07	Other Opiates and Synthetics	03	Other Opiates and Synthetics
02	Alcohol	04	Alcohol
15	Barbiturates	05	Barbiturates
16	Other Sedatives or Hypnotics	06	Other Sedatives or Hypnotics
11	Other Amphetamines	07	Amphetamines
03	Cocaine, Crack	08	Cocaine
04	Marijuana, Hashish (includesTHC and other Cannabis Sativa preparations)	09	Marijuana/Hashish
09	Other Hallucinogens	10	Hallucinogens
17	Inhalants	11	Inhalants
18	Over-the-Counter	12	Over the Counter
14	Other Tranquilizers	13	Tranquilizers
20	Other	14	Other
11	Other Amphetamines	15	Ecstasy (other stimulants)
08	PCP	21	PCP
15	Usual Route of Administration (Primary-15A, Secondary-15B, Tertiart-15C)	26	Most Recent Usual Route of Administration
01	Oral	1	Oral
02	Smoking	2	Smoking
03	Inhalation	3	Inhalation
04	Injection (IV or intramuscular)	4	Intramuscular
04	Injection (IV or intramuscular)	5	Intravenous

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State System Data

**16 Frequency of Use (Primary-16A,
Secondary-16B, Tertiary-16C)**

**25 Frequency of Use During Month Prior To
Admission**

01	No past month use	0	None, Did Not Happen
02	1-3 times in past month	1	Less Than Once Per Week
03	1-2 times per week	2	Once Per Week
04	3-6 times per week	3	Several Times Per Week
05	Daily	4	Once Daily
05	Daily	5	Two or Three Times Daily
05	Daily	6	More Than Three Times Daily

**17 Age of First Use (Primary-17A,
Secondary-17B, Tertiary-17C)**

27 Age of First Use

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
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K 18	Type of Services	6,7	Modality Admitted to, Environment Admitted to
01	Hospital Inpatient (Detox, 24 hour Service)	(6)1+(Detox, Hospital 7)2
02	Free-standing Residential (Detox, 24 hour Service)	(6)1+(	Detox, Residential 7)3
02	Free-standing Residential (Detox, 24 hour Service)	(6)1+(	Detox, Day-Care 7)4
02	Free-standing Residential (Detox, 24 hour Service)	(6)1+(	Detox, Outpatient 7)5
01	Hospital Inpatient (Detox, 24 hour Service)	(6)2+(	Maintenance, Hospital 7)2
04	Short-term, (30 days or fewer)	(6)2+(	Maintenance, Residential 7)3
06	Intensive Outpatient	(6)2+(	Maintenance, Day-Care 7)4
07	Non-Intensive Outpatient	(6)2+(	Maintenance, Outpatient 7)5
01	Hospital Inpatient (Detox, 24 hour Service)	(6)3+(	Sub. Free, Hospital 7)2
04	Short-term, (30 days or fewer)	(6)3+(	Sub. Free, Residential 7)3
06	Intensive Outpatient	(6)3+(	Sub. Free, Day-Care 7)4
07	Non-Intensive Outpatient	(6)3+(	Sub. Free, Outpatient 7)5
01	Hospital Inpatient (Detox, 24 hour Service)	(6)4+(	Other, Hospital 7)2
04	Short-term, (30 days or fewer)	(6)4+(	Other, Residential 7)3
06	Intensive Outpatient	(6)4+(	Other, Day-Care 7)4
07	Non-Intensive Outpatient	(6)4+(Other, Outpatient 7)5

No longer effective as of: 09-30-2004

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Item	Item	Value	State System Data
No.	Treatment Episode Data Set		
K 18	Type of Services	~~~~	Service_Type_key, Service_Type_desc, Environment, Projected Stay, Units billed
07	Non-Intensive Outpatient	18	Methadone
06	Intensive Outpatient	4	Outpatient - Outpatient - >=6
07	Non-Intensive Outpatient	4	Outpatient - Outpatient - <=6
06	Intensive Outpatient	5	Outpatient Specialized Female - Outpatient >=6
07	Non-Intensive Outpatient	5	Outpatient Specialized Female - Outpatient <=6
08	Ambulatory Detoxification	60	Ambulatory Detoxification
01	Hospital Inpatient (Detox, 24 hour Service)	61	Residential Detoxification - Hospital
02	Free-standing Residential (Detox, 24 hour Service)	61	Residential Detoxification - Not Hospital
03	Hospital (other than detox)	62	Intensive residential - Hospital
05	Long-term, (more than 30 days)	62	Intensive residential - Non Hospital - >=30 days
04	Short-term, (30 days or fewer)	62	Intensive residential - Non Hospital - <=30 days
03	Hospital (other than detox)	63	Intensive Residential/Specialized Female - Hospital
05	Long-term, (more than 30 days)	63	Intensive Residential/Specialized Female - Non Hospital - >=30 days
04	Short-term, (30 days or fewer)	63	Intensive Residential/Specialized Female - Non Hospital - <=30 days
03	Hospital (other than detox)	64	Intensive Residential/Women and Children - Hospital
05	Long-term, (more than 30 days)	64	Intensive Residential/Women and Children - Non Hospital - >=30 days
04	Short-term, (30 days or fewer)	64	Intensive Residential/Women and Children - Non Hospital - <=30 days
03	Hospital (other than detox)	65	Supportive Residential - Hospital
04	Short-term, (30 days or fewer)	65	Supportive Residential - Non Hospital - <=30 days
05	Long-term, (more than 30 days)	65	Supportive Residential - Non Hospital - >=30 days
03	Hospital (other than detox)	66	Supportive Residential/Specialized Female - Hospital
04	Short-term, (30 days or fewer)	66	Supportive Residential/Specialized Female - Non Hospital - <=30 days

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Minimum

Texas

No.	Treatment Episode Data Set	Item	Value	State System Data
K 18	Type of Services	~~~~~	Service_Type_key, Service_Type_desc, Environment, Projected Stay, Units billed	
05	Long-term, (more than 30 days)	66	Supportive Residential/Specialized Female - Non Hospital - >=30 days	
03	Hospital (other than detox)	67	Supportive Residential/Women and Children - Hospital	
04	Short-term, (30 days or fewer)	67	Supportive Residential/Women and Children - Non Hospital - <=30 days	
05	Long-term, (more than 30 days)	67	Supportive Residential/Women and Children - Non Hospital - >=30 days	
08	Ambulatory Detoxification	71	Ambulatory Specialized Female	
01	Hospital Inpatient (Detox, 24 hour Service)	72	Residential Detoxification/Specialized Female - Hospital	
02	Free-standing Residential (Detox, 24 hour Service)	72	Residential Detoxification/Specialized Female - Not Hospital	
03	Hospital (other than detox)	75	HIV Residential - Hospital	
04	Short-term, (30 days or fewer)	75	HIV Residential - Non Hospital - <=30 days	
05	Long-term, (more than 30 days)	75	HIV Residential - Non Hospital - >=30 days	

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Optional

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
1	Detail Drug Code, Primary	-	Not Collected	
2	Detail Drug Code, Secondary	-	Not Collected	
3	Detail Drug Code, Tertiary	-	Not Collected	
4	DSM Diagnosis	29	Clinical (DSM-III) Diagnosis (Alcohol Only)	
	No longer effective as of: 06-30-2004			
4	DSM Diagnosis	-	Not Collected	
5	Psychiatric Problem in Addition to Alcohol or Drug Problem	-	Not Collected	
6	Pregnant at Time of Admission	-	Not Collected	
	No longer effective as of: 06-30-2004			
6	Pregnant at Time of Admission	~~~~	Pregnant	
2	No	0	No	
1	Yes	1	Yes	
6	Not Applicable	6	Male	
7	Unknown	7	If Female and no valid state code	
7	Veteran Status	-	Not Collected	
	No longer effective as of: 06-30-2004			

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Item

Optional

Texas

No.	Treatment Episode Data Set	Item	Value	State System Data
7	Veteran Status	~~~~~	Veteran Status	
2	No		0	None
1	Yes		1	Veteran w/honorable discharge
1	Yes		2	Veteran w/other than honorable discharge
2	No		3	Active Duty
7	Unknown		7	no valid state code
8	Living Arrangements	18	Living Arrangements	
03	Independent Living		1	Living with Family or Other Relatives
03	Independent Living		2	Living in Other Group Quarters (Non-Institutional)
03	Independent Living		3	Living Alone in Own Dwelling Unit
01	Homeless		4	Homeless
02	Dependent Living		5	Hospital, Rehabilitation Facility, Nursing Home
02	Dependent Living		6	Prison, Jail, or Other Correctional Facility
02	Dependent Living		7	Other Institutional Facility

9 Source of Income/Support - Not Collected

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Optional

Texas

Item		Item	
No.	Treatment Episode Data Set	Value	State System Data
9	Source of Income/Support	~~~~~	Primary Source of Income/Support
21	None	0	None
01	Wages/Salary	1	Wages/Salary
02	Public Assistance	2	Public Assistance
03	Retirement/Pension	3	Pension
04	Disability	4	Disability
20	Other	5	Unemployment
20	Other	6	Family/Friend
20	Other	7	Illegal Gain
20	Other	8	Other
02	Public Assistance	9	TANF
97	Unknown	97	no valid state code

10	Health Insurance	22	Health Insurance Type
21	None	0	No Health Insurance
02	Blue Cross/Blue Shield	1	Blue Cross/Blue Shield
01	Private Insurance (other than BCBS or HMO)	2	Other Private Insurance
04	Medicaid	5	Medicaid
03	Medicare	6	Medicare
20	Other (e.g. TriCare, Champus)	7	CHAMPUS
20	Other (e.g. TriCare, Champus)	8	Other Public Funds for Health Care
97	Unknown	9	Unknown

11	Expected/Actual Primary Source of Payment	-	Not Collected
No longer effective as of: 06-30-2004			

Texas' Treatment Episode Data Set
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K = Key Field

Optional

Texas

Item No.	Treatment Episode Data Set	Item	Value	State System Data
11	Expected/Actual Primary Source of Payment	~~~~~		Expected/Actual Primary Source of Payment
01	Self-Pay	.		Self pay including family
03	Medicare	.		Medicare
04	Medicaid	.		Medicaid
05	Other Government Payments	.		Criminal Justice - Probation
05	Other Government Payments	.		Dept of Mental Health
05	Other Government Payments	.		Other Federal
05	Other Government Payments	.		Texas Commission on Alcohol and Drug Abuse
05	Other Government Payments	.		Texas Rehab Commission
05	Other Government Payments	.		Veterans Administration
97	Unknown	.		Unknown
09	Other	.		Other
07	Other Health Insurance Companies	.		Chip
07	Other Health Insurance Companies	.		Private Insurance/HMO (includes the Blues)
05	Other Government Payments	.		Texas Youth Commission
05	Other Government Payments	.		Texas Workforce Commision
05	Other Government Payments	.		Public Contract - public funded
05	Other Government Payments	.		NorthSTAR
05	Other Government Payments	.		department of State Health Services
05	Other Government Payments	.		Criminal Justice - Parole
02	Blue Cross/Blue Shield			
06	Worker's Compensation			
08	No Charge (Free, Charity, Special Research or Teaching)			

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Optional

Texas

Item

Item

No. Treatment Episode Data Set

Value

State System Data

12	Detailed Not in Labor Force	16	Primary Reason For No Paid Employment
06	Other	0	Cannot Find a Job
04	Disabled	1	Unable to Work for Health Reasons
06	Other	2	Unable to Keep Job Due to Alcohol/Drug Problem
01	Homemaker	3	Needed at Home to Work or Take Care of Other Family
02	Student	4	Attending School
06	Other	5	Not Interested in Working
06	Other	6	Lack of Transportation
06	Other	7	Lack of Job Skills
03	Retired	8	Retired
06	Other	9	Other or Not Applicable (Employed)

13	Detailed Criminal Justice Referral Categories	12	Source of Referral
05	Diversionary Program (E.G. TASC)	09	Treatment Alternatives to Street Crime (TASC)
04	Other Recognized Legal Entity (Local Law, Corr. Agency, Youth Ser., Review Board)	70	Police
03	Probation/Parole	71	Probation (Non-DWI)
07	DUI/DWI	72	Probation DWI
03	Probation/Parole	73	Parole
08	Other	74	Other Law Enforcement

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Optional

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Item

Item

No. Treatment Episode Data Set

Value

State System Data

14 Marital Status

01 Never Married
02 Now Married or Cohabiting
05 Widowed
04 Divorced
04 Divorced
04 Divorced
97 Unknown

13 Marital Status

1 Never Married
2 Married
3 Widowed
6 Divorced or Separated-Has Custody of Children
7 Divorced or Separated-Does Not Have Custody of Children
8 Divorced or Separated-No Children, or Children are Over 18
9 Unknown

15 Days Waiting to Enter Treatment - Not Collected

No longer effective as of: 06-30-2004

15 Days Waiting to Enter Treatment

000- Days
996
997 Unknown

Days Waiting to Enter Treatment

0-996 0-996
997 if no valid state code

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Texas' Treatment Episode Data Set
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K = Key Field

Discharge

Texas

Item

Item

No. Treatment Episode Data Set

Value

State System Data

104 Provider ID (At Discharge) **adr/yr 1** **Clinic ID#**

105 Client Identifier - (At Discharge) **adr/yr 2** **Client #**

106 Co-Dependent/Collateral At Discharge **-** **Not Collected**

109 Service at Discharge **adr/yr 7** **Level of Service at Discharge**

01	Hospital Inpatient	5	Level I
02	Free-Standing Residential	5	Level I
08	Detoxification	5	Level I
04	Short-Term, <=30 days	5	Level I
06	Intensive Outpatient	5	Level I
03	Hospital (Other than Detox)	6	Level II
04	Short-Term, <=30 days	6	Level II
05	Long-Term, >30 days	6	Level II
06	Intensive Outpatient	6	Level II
03	Hospital (Other than Detox)	7	Level III
04	Short-Term, <=30 days	7	Level III
06	Intensive Outpatient	7	Level III
05	Long-Term, >30 days	7	Level III
07	Outpatient	8	Level IV (non- Pharmacotherapy)
04	Short-Term, <=30 days	8	Level IV (non- Pharmacotherapy)
06	Intensive Outpatient	8	Level IV (non- Pharmacotherapy)
05	Long-Term, >30 days	8	Level IV (non- Pharmacotherapy)

No longer effective as of: 09-30-2004

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Discharge

Texas

Item

Item

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Value

State System Data

109 Service at Discharge

~~~~~

**Service\_Type\_key, Service\_Type\_desc,  
Environment, Projected Stay, Units billed**

|    |                             |    |                                                                      |
|----|-----------------------------|----|----------------------------------------------------------------------|
| 07 | Outpatient                  | 18 | Methadone                                                            |
| 06 | Intensive Outpatient        | 4  | Outpatient - Outpatient - >=6                                        |
| 07 | Outpatient                  | 4  | Outpatient - Outpatient - <=6                                        |
| 06 | Intensive Outpatient        | 5  | Outpatient Specialized Female - Outpatient >=6                       |
| 07 | Outpatient                  | 5  | Outpatient Specialized Female - Outpatient <=6                       |
| 08 | Detoxification              | 60 | Ambulatory Detoxification                                            |
| 01 | Hospital Inpatient          | 61 | Residential Detoxification - Hospital                                |
| 02 | Free-Standing Residential   | 61 | Residential Detoxification - Not Hospital                            |
| 03 | Hospital (Other than Detox) | 62 | Intensive residential - Hospital                                     |
| 05 | Long-Term, >30 days         | 62 | Intensive residential - Non Hospital - >=30 days                     |
| 04 | Short-Term, <=30 days       | 62 | Intensive residential - Non Hospital - <=30 days                     |
| 03 | Hospital (Other than Detox) | 63 | Intensive Residential/Specialized Female - Hospital                  |
| 05 | Long-Term, >30 days         | 63 | Intensive Residential/Specialized Female - Non Hospital - >=30 days  |
| 04 | Short-Term, <=30 days       | 63 | Intensive Residential/Specialized Female - Non Hospital - <=30 days  |
| 03 | Hospital (Other than Detox) | 64 | Intensive Residential/Women and Children - Hospital                  |
| 05 | Long-Term, >30 days         | 64 | Intensive Residential/Women and Children - Non Hospital - >=30 days  |
| 04 | Short-Term, <=30 days       | 64 | Intensive Residential/Women and Children - Non Hospital - <=30 days  |
| 03 | Hospital (Other than Detox) | 65 | Supportive Residential - Hospital                                    |
| 04 | Short-Term, <=30 days       | 65 | Supportive Residential - Non Hospital - <=30 days                    |
| 05 | Long-Term, >30 days         | 65 | Supportive Residential - Non Hospital - >=30 days                    |
| 03 | Hospital (Other than Detox) | 66 | Supportive Residential/Specialized Female - Hospital                 |
| 04 | Short-Term, <=30 days       | 66 | Supportive Residential/Specialized Female - Non Hospital - <=30 days |

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**Discharge**

Texas

| Item       | Item                        | Value           | State System Data                                                                     |
|------------|-----------------------------|-----------------|---------------------------------------------------------------------------------------|
| No.        | Treatment Episode Data Set  |                 |                                                                                       |
| <b>109</b> | <b>Service at Discharge</b> | ~~~~~           | <b>Service_Type_key, Service_Type_desc, Environment, Projected Stay, Units billed</b> |
| 05         | Long-Term, >30 days         | 66              | Supportive Residential/Specialized Female - Non Hospital - >=30 days                  |
| 03         | Hospital (Other than Detox) | 67              | Supportive Residential/Women and Children - Hospital                                  |
| 04         | Short-Term, <=30 days       | 67              | Supportive Residential/Women and Children - Non Hospital - <=30 days                  |
| 05         | Long-Term, >30 days         | 67              | Supportive Residential/Women and Children - Non Hospital - >=30 days                  |
| 08         | Detoxification              | 71              | Ambulatory Specialized Female                                                         |
| 01         | Hospital Inpatient          | 72              | Residential Detoxification/Specialized Female - Hospital                              |
| 02         | Free-Standing Residential   | 72              | Residential Detoxification/Specialized Female - Not Hospital                          |
| 03         | Hospital (Other than Detox) | 75              | HIV Residential - Hospital                                                            |
| 04         | Short-Term, <=30 days       | 75              | HIV Residential - Non Hospital - <=30 days                                            |
| 05         | Long-Term, >30 days         | 75              | HIV Residential - Non Hospital - >=30 days                                            |
| <b>146</b> | <b>Date of Last Contact</b> | -               | <b>Not Collected</b>                                                                  |
| <b>147</b> | <b>Date of Discharge</b>    | <b>adr/yr 3</b> | <b>Date of Discharge from this level of Service</b>                                   |

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Discharge

Texas

Item

Item

No. Treatment Episode Data Set

Value

State System Data

| 149 | Reason for Discharge , Transfer or Discontinuance of Treatment                   | adr/ydr 6 | Reason for Discharge                                                             |
|-----|----------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------|
| 03  | Terminated by Facility                                                           | 00        | Client re-assessed as inappropriate for this treatment service level or program  |
| 07  | Other                                                                            | 01        | No further Services Needed                                                       |
| 03  | Terminated by Facility                                                           | 06        | Program Decision to discharge client for non-compliance with program rules       |
| 02  | Left Against Professional Advice (Drop Out)                                      | 07        | Client left against advice of treatment provider (AMA)                           |
| 05  | Incarcerated                                                                     | 08        | Client incarcerated                                                              |
| 06  | Death                                                                            | 09        | Client died                                                                      |
| 01  | Treatment Complete                                                               | 1         | Did Client Complete the level of Service? Yes                                    |
| 04  | Transferred to Another Substance Abuse Treatment Program or Facility             | 10        | Client placed in substitute care YDR                                             |
| 14  | Transferred to another substance abuse treatment program/facility, didn't report | 14        | Transferred to a Non TCADA - funded service did not present                      |
| 07  | Other                                                                            | 15        | Hospitalized or too ill to continue Tx                                           |
| 04  | Transferred to Another Substance Abuse Treatment Program or Facility             | 22        | Transferred to another TCADA funded level of Service and/or clinic               |
| 07  | Other                                                                            | 33        | Referred to TCADA funded service                                                 |
| 07  | Other                                                                            | 44        | Referred to Non TCADA funded service                                             |
| 07  | Other                                                                            | 55        | Client left due to loss of TCADA funding                                         |
| 04  | Transferred to Another Substance Abuse Treatment Program or Facility             | 66        | Transferred to a nonTCADA funded level of service and/or clinic within this prog |
| 08  | Unknown                                                                          | U         | Unknown                                                                          |
| 98  | Not Collected                                                                    |           |                                                                                  |

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report